

Barrie Galvin, OTR/L  
& Associates, Ltd  
25221 Miles Road, Suite F  
Warrensville Hts., OH 44128-5494

Statement Date	Chart Number	Page
6/17/2015	SAVGA000	1

**Make Checks Payable To:**

Barrie Galvin & Assoc.  
25221 Miles Road, Suite F  
Warrensville Hts., OH 44128-5494

**Adam Savett**  
31760 Woodsdale Lane  
Solon, OH 44139

**Patient Name:** [REDACTED] Savett

Thank you for choosing Barrie G. Galvin & Associates, Ltd.

**Patient Outstanding**

Primary: Autism Scholarship Program  
Secondary:

Date of Service	Procedure	Charge	Note	Primary Paid	Secondary Paid	What You Paid	Payment Method	Adj Amount	What You Owe
05/01/14	TUTOR	20.00		20.00					0.00
05/01/14	TUTOR	50.00		50.00					0.00
05/02/14	TUTOR	20.00		20.00					0.00
05/03/14	TUTOR	60.00		39.10		20.90	1611		0.00
05/05/14	TUTOR	30.00		30.00					0.00
05/06/14	TUTOR	20.00		20.00					0.00
05/06/14	TUTOR	30.00		30.00					0.00
05/08/14	TUTOR	30.00				30.00	1611		0.00
05/08/14	TUTOR	20.00				20.00	1611		0.00
05/09/14	TUTOR	20.00		20.00					0.00
05/10/14	TUTOR	60.00				60.00	1611		0.00
05/12/14	TUTOR	30.00		30.00					0.00
05/13/14	TUTOR	30.00							30.00
05/13/14	TUTOR	30.00		30.00					0.00
05/15/14	TUTOR	30.00				30.00	1611		0.00
05/15/14	TUTOR	20.00				9.10	1611		10.90
05/16/14	TUTOR	20.00				20.00	1611		0.00
05/17/14	TUTOR	60.00				60.00	1611		0.00
05/19/14	TUTOR	30.00		30.00					0.00
05/20/14	TUTOR	20.00							20.00
05/20/14	TUTOR	30.00		30.00					0.00
05/22/14	TUTOR	20.00							20.00
05/22/14	TUTOR	10.00							10.00

Detach and return with payment

Amount Paid: \_\_\_\_\_

Patient Name \_\_\_\_\_

Card Number \_\_\_\_\_

Exp Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Barrie Galvin, OTR/L  
& Associates, Ltd  
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Exhibit 4

Barrie Galvin, OTR/L  
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25221 Miles Road, Suite F  
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31760 Woodsdale Lane  
Solon, OH 44139

**Patient Name:** [REDACTED] Savett

Thank you for choosing Barrie G. Galvin & Associates, Ltd.

**Patient Outstanding**

Primary: Autism Scholarship Program  
Secondary:

Date of Service	Procedure	Charge	Note	Primary Paid	Secondary Paid	What You Paid	Payment Method	Adj Amount	What You Owe
05/23/14	TUTOR	20.00							20.00
05/27/14	TUTOR	20.00							20.00
05/27/14	TUTOR	30.00							30.00
05/29/14	TUTOR	20.00							20.00
05/29/14	TUTOR	30.00							30.00
05/30/14	TUTOR	20.00							20.00
05/31/14	TUTOR	60.00							60.00
06/02/14	TUTOR	30.00							30.00
06/03/14	TUTOR	20.00							20.00
06/03/14	TUTOR	30.00							30.00
06/04/14	TUTOR	60.00							60.00
06/05/14	TUTOR	30.00							30.00
06/05/14	TUTOR	30.00							30.00
06/06/14	TUTOR	20.00							20.00
06/07/14	TUTOR	60.00							60.00
06/09/14	TUTOR	30.00							30.00
06/10/14	TUTOR	30.00							30.00
06/12/14	TUTOR	30.00							30.00
06/14/14	TUTOR	60.00							60.00
06/16/14	TUTOR	25.00							25.00
06/19/14	TUTOR	30.00							30.00
06/21/14	TUTOR	40.00							40.00
06/23/14	TUTOR	25.00							25.00

*Detach and return with payment*

Amount Paid: \_\_\_\_\_

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Exp Date

\_\_\_\_\_  
Cardholder Signature

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**Adam Savett**  
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Solon, OH 44139

**Patient Name:** [REDACTED] Savett

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**Patient Outstanding**

Primary: Autism Scholarship Program  
Secondary:

Date of Service	Procedure	Charge	Note	Primary Paid	Secondary Paid	What You Paid	Payment Method	Adj Amount	What You Owe
06/24/14	TUTOR	30.00							30.00
06/28/14	TUTOR	60.00							60.00

**What You Owe: \$930.90**

*Detach and return with payment*

Amount Paid: \_\_\_\_\_

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Exp Date

\_\_\_\_\_  
Cardholder Signature

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